

# Enter and View Report

Ashmore Park Medical Centre

Dr Rajcholan

Unannounced Visit

5 February 2020



**healthwatch**  
Wolverhampton

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## What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

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## Provider details

Name and Address of Service: Ashmore Park Medical Centre, Griffiths Drive,  
Wolverhampton, WV11 2LH  
Practice Manager: Jenny Turner  
Service type: GP Surgery  
Client type: Patients

## Acknowledgments

Healthwatch Wolverhampton would like to thank the Practice Manager, Senior staff member, staff and all the patients and family members for their co-operation during our visit.

## Disclaimer

Please note that this report is related to findings and observations made during our visit on 5 February 2020. The report does not claim to represent the views of all patients, only those who contributed during the visit.

## Authorised Representatives

Emily Lovell, Lead Authorised Representative  
Mary Brannac, Authorised Representative  
Tia Richardson, Observing Authorised Representative & Work Experience Student

## Who we share the report with

This report and its findings will be shared with Ashmore Park Medical Practice, City of Wolverhampton Council, Care Quality Commission (CQC), Clinical Commissioning Group (CCG) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

## Healthwatch Wolverhampton details

Address:  
Regent House  
Bath Avenue  
Wolverhampton  
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Website: [www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)  
Free phone: 0800 470 1944  
Social media: HWWolverhampton

## Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

## Purpose of the visit

An unannounced Enter and View visit took place at Ashmore Park Medical Centre due to patient experiences received by Healthwatch Wolverhampton. Patient experiences were in relation to; access to appointments and care quality.



*Ashmore Park Medical Centre*

## What we did

Authorised Representatives introduced themselves to a member of staff at reception, who explained that the practice manager was on leave but as the senior member of staff they were happy for the visit to go ahead. Whilst on the visit, Authorised Representatives engaged with the senior staff member, patients and the senior GP.

## Summary of Findings:

The Enter and View visit at Ashmore Park Medical Centre, Dr Rajocholan was an overall positive visit. It is clear that the practice is making excellent steps in offering more support to patients with additional health needs. Patients raised concerns around; access to appointments and patient involvement so recommendations have been made around these.

## Findings:

### Environment

#### External

The practice was well signposted and easily accessible with a ramp and handrails leading to the entrance. There was limited on-street parking at the front of the surgery which was shared with the school next door. A large carpark was also signposted to the rear of the building, which had a separate entrance in to the surgery.

The gardens were well maintained, and the exterior of the building was well presented. CCTV was visible on the exterior entrance.

#### Internal

When entering the medical centre from the front entrance there was a reception area with a glass window that was closed, initially it looked as if the whole building was closed. However, there was a sign to the surgery above a double set of doors opposite which opened into the reception/waiting area and clinical treatment rooms.

The waiting room was bright and clean and in a well-kept condition, the seating area was ample for the number of patients waiting and some chairs had handles to aid patients standing up. There was a large television screen facing the waiting area which displayed selfcare information and news headlines. The television screen also acted as calling system for patient appointments which displayed their name and room number, it made a ring noise as this was displayed. There was a large number of leaflets and notices on display, however these were in themed areas making them easy to find and read. This information included; chaperones, missed appointments, Patient Participation Group (PPG), drug and alcohol services, online consultants, Healthwatch Wolverhampton, GP opening times and extended access.

Below the television screen was a self-check in desk, next to which was a wall mounted hand sanitiser. Hand sanitiser was also available on the reception desk. The reception desk also held two boxes and feedback forms, one was NHS Family and Friends Test and the other was CQC 'tell us about your care'.

### Essential services

Some patients Authorised Representatives engaged with had been referred to hospital, one told us that it was a smooth process with no problems. Staff told Authorised Representatives that they used the Choose and Book referral system where patients could select their appointment and support would be offered to patients that may struggle with this process.

## Access

Staff explained that a variety of appointments were offered to patients to ensure they could access them when needed, for example, weekend appointments, online appointments, arrive and wait, emergency and standard non-emergency appointments with a two week wait.

However, every patient that Authorised Representatives engaged with found it extremely difficult to access an appointment at the surgery. Patients told Authorised Representatives that if you do not need an emergency appointment you will have to wait around three weeks for a general one. Patients explained that they would often walk into the practice on the day and wait for an appointment to be available. However, patients had been offered out of hours GP appointments within the Primary Care Network, which was based at this practice.

Staff explained to Authorised Representatives that all patients were able to access appointments on an equal basis, for those that are unable to speak English interpreters are booked. Staff told Authorised Representatives that the service for British Sign Language (BSL) translators had been stopped so they did not provide this for patients.

## Safe, dignified and quality services

Patients felt safe and treated with respect and compassion. Patients found staff to be generally helpful and friendly. All patients felt that their dignity and privacy were maintained, staff explained to Authorised Representatives that if patients wanted to be spoken to in private, a room was available for this.

Whilst on the visit, Authorised Representatives observed a patient being kept in a separate part of the waiting room as they were highly contagious, this was also explained to Authorised Representatives by a staff member during their interview.

Staff told Authorised Representatives that the practice held regular forums for patients and family members to discuss health conditions and access more support from the practice. So far these have included dementia forums, carers forums and obesity forums. Staff explained to Authorised Representatives that they had received positive feedback around these forums, particularly from family members.

## Information and Education

Information around out of hours, extra and weekend appointments was displayed on the walls and doors of the surgery. There were various display boards around the surgery which contained information relating to; chaperones, patient access, missed appointments and other public health topics. There was also a television in the waiting area that displayed public health information as well as being used as the



appointment calling system. Some patients told Authorised Representatives that they occasionally look at the notices in the practice although others “don’t bother”.

Patients were not aware of a newsletter and nor did they receive regular information from the surgery. All patients that Authorised Representatives engaged with felt that they would benefit from more information.

Patients told Authorised Representatives that when they rung for an appointment the receptionist asked a series of questions, but it was not explained why they need this information. Patients also said that this only happened when they booked emergency appointments.

## Choice

Patients told Authorised Representatives that they were able to choose which GP they would like to see for their appointments although this would involve a wait. Staff explained to Authorised Representatives that patients were always given choice of a male or female health professional and they tried to accommodate where possible. However, patients still felt like they didn’t get a choice in the date and time of their appointments. Staff told Authorised Representatives that there is usually only one receptionist manning the phone of a morning and by 8:15am all the emergency appointments are usually gone.

Patients were able to have a choice in the treatment they received and which hospital they were referred to, although they didn’t have a choice in their consultant.

## Being listened to

Patients felt that they would be able to ask questions if they did not understand something and their needs were responded to quickly. All patients felt able to raise concerns with staff, but not all felt they knew how to make a complaint, Authorised Representatives did not observe the complaints procedure displayed in the surgery.

Authorised Representatives observed two feedback boxes on the reception desk, the NHS Family and Friends Test (FFT) and the CQC ‘Tell us about your care’. Staff told Authorised Representatives that the health professionals give these to patients at the end of appointments. Staff told Authorised Representatives that the FFT was opened monthly and feedback was discussed in all team meetings, however changes made had never been communicated back to patients. Patients told Authorised Representatives that they weren’t sure if staff actively sought the views of patients as they had never been asked to leave feedback. Whilst on the visit, Authorised Representatives suggested to staff that they make a ‘you said, we did’ notice board - this suggestion was welcomed staff members who thought it would be a good idea to implement in the surgery.

## Being involved

Patients that engaged with Authorised Representatives felt involved in their treatment and that their views regarding this were considered. Most patients felt that the practice did not do enough to involve patients in surgery changes and others were not sure.

Patients were not aware of the Patient Participation Group (PPG) run at the surgery, however staff told Authorised Representatives that PPG meetings were held every 6-8 weeks on a Monday evening, with between 5 and 6 members attending. Staff were asked how they communicate with patients regarding the PPG, Authorised Representatives were told that it was advertised on the notice boards. The practice does not yet have a practice newsletter.

Staff explained that to minimise any loneliness and isolation concerns in patients they would refer to social prescribing, vulnerable patients are also documented on the system so patients can be identified if they were in need of more support.

## Recommendations

1. Increase patient awareness in the different routes of appointment access.
2. Continue to run the patient forums as these are of great benefit to patients and family members, consider introducing more topics by asking patients to contribute ideas.
3. Introduce a patient newsletter so patients feel more informed and involved in the practice.
4. Ensure that receptionists are explaining care navigation to patients.
5. Ensure that patients are provided a choice of consultant where appropriate.
6. Display the complaints procedure in the surgery, so patients are aware of this process.
7. Ensure that patients are being asked to complete FFT and CQC feedback forms.
8. Consider introducing a practice survey to collect patient feedback.
9. Consider introducing a 'You said - we did' notice board so patients are aware of how their feedback is making a difference.
10. Increase awareness of the PPG so patients are aware of this.

## Questions

1. If the BSL interpreter service has been stopped, how do you support patients that are Deaf and in need of an interpreter?

## Provider feedback

Thank you for your visit to Ashmore Park Medical Centre on the 5th February 2020 and for your report which on the whole have found extremely helpful and useful.

Overall it was felt that it was a positive visit and we pride ourselves on team working which has been illustrated by the helpfulness of the Practice Team in the absence of the Practice Manager on the day of the visit. Our Team provide forums for patients and are actively involved in connecting with patients and bringing various topics to the patient forums for discussion which highlights their positivity and encompasses a more patient centered approach.

The report mentions improvements and based on the comments received we have already started to address most of these areas. Our notice boards have been updated and improved with designated areas for different and up to date topics and a colorful PPG board will hopefully encourage more of our patients to join this group. A newsletter is also something that the Practice is working on and will work closely with the PPG leads in facilitating this.

The report lists recommendations and we have addressed the points below:

### 1. Increase patient awareness in different routes of appointment access

Our Jayex TV information screen will be updated with this information along with our website.

### 2. Patient Forums

An updated and colourful PPG board designed to catch patient's attention, advertising on our web site, Jayex TV information screen and newsletter is something that the Practice has begun to implement.

### 3. Patient Newsletter

Currently due to demand within the practice there is no capacity to fulfill this at present.

### 4. Care Navigation

The team have recently enrolled for refresher training via our new training platform. A notice board is updated regularly with new services and the team are made aware via email and discussions at our staff meeting.

### 5. Choice of Consultant

The e-referral system only lists services/Consultants that are available at the time of booking. Patient choice is always our priority when selecting the relevant service.

## 6. Complaints Procedure

The Practice now has an updated complaints leaflet and this is advertised in the practice. This is also available for on-line access.

## 7. FFT & CQC

Staff are been reminded to offer FFT slips to patients exiting their appointments. Comments and feedback will be included in future newsletters and displayed around the Practice.

## 8. Practice Survey

A National practice Survey is completed annually and the practice feels that there is no requirement to duplicate this.

## 9. You said - we did notice board

Going forward this is something that can be incorporated with updating our notice boards.

## 10. Raise PPG awareness

As noted previously, the PPG board has been updated and will be advertised on our website and Jayex TV Information board.

The overall report is very much seen as a positive for our Practice and we will continue to work towards all the recommendations listed above with some having been put into place already.

We thank you for your visit.

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